



STATE OF ARKANSAS
SECURITIES DEPARTMENT
HERITAGE WEST BUILDING, SUITE 300
201 EAST MARKHAM STREET
LITTLE ROCK, AR 72201



TELEPHONE: 501.324.9260 FAX: 501.324.9268 INTERNET: www.state.ar.us/arsec

FMLA Form 012

Notice of Changes in Branch Data

NOTE: PLEASE SUBMIT ORIGINAL FORMS ONLY; THE DEPARTMENT WILL NOT ACCEPT FAXED COPIES. PLEASE RETAIN A COPY FOR YOUR RECORDS. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

Licensee: _____

AR License Number _____

Type of Change Check appropriate box. Identify the designated Branch Manager below.	Effective Date	AR Branch License Number. Enter "Pending" if license number has not yet been issued.	New or Corrected Address/Phone
<input type="checkbox"/> New Office <i>\$100.00 Application Fee</i>	_____	_____	_____ Address
<input type="checkbox"/> Close Office			_____ City State Zip
<input type="checkbox"/> Address Change			_____ Phone Fax
<input type="checkbox"/> Manager Change			

Branch Manager

Full Name: _____

SSN: _____

STATE OF _____)
)
COUNTY OF _____)

Under the penalties of perjury, I affirm that I have examined this form and any accompanying information, and to the best of my knowledge and belief it is true, correct and complete. Furthermore, I am authorized to make this application and sign this statement on behalf of the Applicant.

(Signature)

Date

(Print Name)

Title

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires:
